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N. B.—WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>168</u>		Registered No. _____	
County <u>Maricopa</u> State <u>Arizona</u>							
Township <u>Seventh</u> or Village _____							
City <u>Phoenix</u> No. <u>Arizona State Hospital</u> St. _____ Ward _____							
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred <u>15</u> yrs. <u>4</u> mos. <u>2</u> ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.							
2. FULL NAME <u>Orville A. Wing</u>							
(a) Residence: No. <u>Mesa Ariz.</u> St. _____ Ward _____							
(Usual place of abode) (If nonresident give city or town and State)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>married</u>			
5a. If married, widowed, or divorced				21. DATE OF DEATH (month, day, and year) <u>Dec 10, 1931</u>			
HUSBAND of <u>Bessie Wing</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>7-19-16</u> , 19____, to <u>12-10-31</u> , 19____.			
(or) WIFE of _____				I last saw him alive on <u>12-10-31</u> , 19____; death is said to have occurred on the date stated above, at <u>8:45</u> a.m.			
6. DATE OF BIRTH (month, day, and year)				The principal cause of death and related causes of importance were as follows:			
7. AGE		Years <u>63</u> Months _____ Days _____		<u>Carcinoma of Stomach</u>			
		If LESS than 1 day, _____ hrs. or _____ min.		Date of Onset <u>1929</u>			
OCCUPATION				Other contributory causes of importance:			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				Name of operation <u>none</u> Date of _____			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>			
10. Date deceased last worked at this occupation (month and year) _____				23. If death was due to external causes (violence) fill in also the following:			
11. Total time (years, spent in this occupation) _____				Accident, suicide, or homicide? _____ Date of injury _____, 19____			
12. BIRTHPLACE (city or town) _____ (State or country) <u>Utah</u>				Where did injury occur? _____ (Specify city or town, county and State)			
13. NAME <u>Unknown</u>				Specify whether injury occurred in industry, in home, or in public place.			
14. BIRTHPLACE (city or town) _____ (State or country) _____				Manner of injury _____			
15. MAIDEN NAME _____				Nature of injury _____			
16. BIRTHPLACE (city or town) _____ (State or country) _____				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>			
17. INFORMANT <u>State Hospital Records</u> (Address) <u>Phoenix, Ariz.</u>				If so, specify _____			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa, Ariz.</u> Date <u>Dec 10, 1931</u>				(Signed) <u>H. B. Berends</u> M. D.			
19. UNDERTAKER <u>Mel Dresson Mortuary</u> (Address) <u>Mesa, Ariz.</u>				(Address) <u>Phoenix, Ariz.</u>			
20. Filed <u>Dec 10, 1931</u> <u>Helena Bankston</u> Registrar							